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AUTHOR Robertson, Marjorie J.
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ABSTRACT

The present study describes specific conditions which are thought to interfere with application for general welfare assistance by homeless persons with mental disabilities. This report summarizes the observations and recommendations of direct-service providers who serve the target population in the Skid Row area of Los Angeles. In-depth structured interviews with eight key informants from a variety of public and private service agencies suggested that: (1) applicants for General Relief (i.e., general assistance) who are most disabled mentally are most likely to be excluded from services; (2) mentally disabled persons are often mistakenly categorized as work-ready and "employable" due largely to screening by untrained staff; and (3) intensive case management, not currently provided by the Department of Public Social Service, is a key to successful application by disabled homeless persons. Potential strategies to enhance access are discussed. (Author)

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GENERAL WELFARE ASSISTANCE:

BARRIERS TO MENTALLY DISABLED HOMELESS ADULTS

MARJORIE J. ROBERTSON, Ph.D.

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PSYCHIATRY SERVICES
14445 OLIVE VIEW DR.
SYLMAR, CALIFORNIA 91342-1495
(818) 367-2231 EXT 381

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Research was conducted while the author was an NIMH Postdoctoral Fellow in Psychiatric Epidemiology in the UCLA School of Public Health.

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The present study describes specific conditions which are thought to interfere with application for general welfare assistance by homeless persons with mental disabilities. This report summarizes the observations and recommendations of direct-service providers who serve the target population in the Skid Row area of Los Angeles. In-depth structured interviews with eight key informants from a variety of public and private service agencies suggested that (1) applicants for General Relief (i.e., general assistance) who are most disabled mentally are most likely to be excluded from services; (2) mentally disabled persons are often mistakenly categorized as work-ready and "employable" due largely to screening by untrained staff; and (3) intensive case management, not currently provided by the Department of Public Social Services, is a key to successful application by disabled homeless persons. Potential strategies to enhance access are discussed.

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Section 1.

INTRODUCTION

The purpose of the present study was to describe the specific conditions which interfere with successful application for General Relief assistance by persons who are mentally disabled and homeless. General Relief is the general welfare assistance program administered through the the Department of Public Social Services of Los Angeles County.

The report summarizes the observations and recommendations of service providers who were interviewed about their experiences working with homeless persons with mental disabilities. Eight key informants who serve the target population in the Skid Row area of Los Angeles were given structured interviews. The analysis of the interviews resulted in the identification of barriers to access to General Relief at both the individual and structural levels. Also, potential strategies to enhance access were identified.

THE RESEARCH QUESTION

The basic question for the present research was, "What barriers prevent mentally disabled homeless persons from successfully applying for General Relief assistance (GR) in Los Angeles County?"

The purpose of the present study included the following specific goals:

1. To explore the movement of mentally disabled homeless persons through the GR application process in terms of the applicant's experiences.

2. To identify barriers to successful application for assistance.

3. To identify potential strategies to facilitate access of mentally disabled homeless to GR.

For the purposes of the present study, mentally disabled persons were defined as those who were perceived to be "functionally disabled"; that is, those who appeared to have a long-term emotional or psychiatric disability, those who were developmentally disabled, and those who appeared to have "damage" from long-term alcohol or drug use. The definition was designed specifically to exclude persons who had physical disabilities with no accompanying mental disability. Therefore, the term "disabled" or "mentally disabled" in this report is used specifically to refer to the group described by the above definition.

Section 2 presents a description of the research design and methods used to conduct the study.

Section 3 presents a summary and overview of the results of the study. Types of barriers are outlined and briefly discussed. A discussion of strategies for change is also presented.

Then follows a more detailed description of the various classes of barriers. Barriers to compliance with DPSS application procedures (Section 4) and barriers arising from interaction with DPSS personnel (Section 5) are presented. Then follows a discussion of differential access to General Relief by gender, age, and Hispanic ethnicity (Section 6).

The concluding section presents a description of strategies suggested by informants to enhance access to General Relief assistance (Section 7). A copy of the structured interview is found in the Appendix.

SECTION 2

METHOD

Research Design

The present study is an exploratory and descriptive one. It is a key informant study in which "key" observers in the community are asked to report observations of homeless persons and their interaction with the General Relief program (GR).

The interview of key informants is useful for several reasons. The informants were chosen to provide a conceptual as well as a practical treatment of issues raised. The key informants had been exposed to many situations and had a cumulative experience from working with many homeless and disabled persons. While some were generally familiar with the entire GR applicantion process, others were most familiar with particular parts of the process.

Since the purpose of the report was to explore and identify the broadest range of barriers and strategies for change, each different idea was reported without regard for agreement by other informants (Bogue, 1963).

The Informants

Informants were chosen who currently worked with homeless persons from the Skid Row area of Los Angeles.

In the interest of generating specific and concrete observations, potential informants were identified who had a history of working with the disabled homeless persons, and who were currently in some type of problem-solving work situation. Informants were chosen who were direct service providers; i.e., persons with frequent interaction with representatives of the target population. Administrators and other staff persons who had little or no regular direct contact with the target population were not eligible for interview.

Twelve informants were chosen from a list of 25 potential resource persons who represented service-provider categories of the County Department of Public Social Services (DPSS), mental health service providers, shelters and missions, day centers, health clinics, and other community agencies. Final choice of informants was a function of many factors including individual work histories of the informants as well their availability to be interviewed.

Eight informants were interviewed for the present study. All interviews were completed between September 4th. and 16th., 1985. Seven interviews were conducted in private and in person at the informant's work place, and one was conducted by phone. The interviews lasted between one and three hours.

The final group of informants represents a broad range of experience with the target population as well as exposure to varied aspects of the GR application process.

As a group, the informants were well educated and had substantial work experience with homeless persons with mental disabilities. All informants had completed some postsecondary education; half had advanced degrees in social welfare, clinical social work, rehabilitation counseling, and law. The group also included a registered nurse and a BA in political science. Furthermore, the informants had an average of seven years experience working with persons in the target population (range = 1 to 13 years).

In their current employment, each informant was providing direct service to groups of persons which included those who were homeless and who had mental disability as defined above. They also held employment with a broad range of service providers divided equally between the public and private sectors. Informants were currently employed with the State and County Departments of Mental health, the County Department of Public Social Services (DPSS), a county hospital, a day center for mentally disabled men, a mission, and an advocacy organization. Length of current employment ranged from seven months to twelve years.

The nature of current informant contact with the target population included the following activities: provision of food, shelter, and clothing; outreach for shelter, financial, and mental health services; mental health evaluation; and medical and legal case management.

Other than their current employment, the informants had an average of five years previous experience working with mentally disabled and/or homeless persons.

The Interview

A structured interview with open-ended questions was designed (Appendix A). The interviews began with a standardized introduction by the interviewer. Then, background information (e.g., education, professional experience, current position and duties) was collected from the informant to establish rapport and to verify that the informant met the selection criteria for the study.

The informants were then given instructions. The definition of the mentally disabled homeless persons was given, and any questions about the target group were answered. Also, informants were instructed to draw on their own observations or on the experiences told to them by homeless persons to answer the questions.

The balance of the structured interview included questions which elicited information from each informant on (1) types and sources of barriers to successful application to GR in Los Angeles County, and (2) strategies to enhance access.

Barriers

In the course of the interviews, informants identified barriers which seemed to cluster around one of four contexts: i.e.,

1. Barriers which seemed to characterize individuals without mention of a specific context;

2. Barriers to compliance with requirements of the DPSS process;

3. Barriers which arose during interaction with DPSS staff; and

4. Barriers identified in the context of interaction with non-DPSS service providers.

Barriers also tended to be clustered around three distinct stages of interaction between the homeless person and the GR program; i.e.,

1. Barriers which interfered with a homeless person's initial approach to the DPSS Office for assistnace;

2. Barriers which interfered with application for benefits; and

3. Barriers which affected continued eligibility for benefits.

Context and stage dimensions were combined into a single table. The purpose of such conceptual organization was to facilitate discussion of the material. (See Table 1.)

In Table 1, blocks of barriers were not considered to be mutually exclusive. Rather, they represent a schema for description of complex data. Interaction of multiple actors (e.g., the individual with the DPSS personnel) is acknowledged. Also, identifying barriers which "lie" with the individual is not intended to imply responsibility or to place blame. For example, problems with memory is an individual-level characteristic which is a barrier to compliance with certain GR procedures. The purpose of its identification is not to assess blame of the individual, but rather to understand the interaction between individual capabilities and structural demands which result in obstruction to potential GR clients.

For purposes of the present discussion, those barriers which were identified to interfere with the actual application process are discussed in greatest detail (i.e., from arrival of the indivudual at the DPSS Office through notification of recipient status). Barriers of interest included characteristics or behaviors of the homeless disabled persons, the procedural aspects of the GR program, and behavior and attitudes of DPSS personnel. Also of interest were special barriers by gender, age, and Hispanic ethnicity.

Limitations of the Present Study

Presented below is a discussion of barriers to an entitlement program within the context of the program's application process. Because of the exploratory and descriptive nature of the present study, however, findings must be interpreted with the following limitations in mind.

1. A relatively small number of service providers was interviewed. Those interviewed were not assumed to be representative, nor were their experiences and observations assumed to represent those of all direct service providers in Skid Row.

2. Homeless persons who are seen by service providers may not be representative of the disabled homeless population at large. For that reason, barriers identified and discussed here are assumed to be most relevant to disabled and homeless persons who have a history of contact with the GR system.

3. The relative importance or seriousness of particular barriers is not explored or discussed.

4. Access to General Relief is the function of complex interactions of the individual with the DPSS and non-DPSS procedures and personnel. However, by design, the present discussion is limited to discussion of barriers which arise during the GR application process only. Not addressed here are barriers to initiating contact with the GR Program and barriers to maintaining eligibility on benefits once one is approved. Not discussed here are the GR client's interactions with other service providers which also affect his or her receipt of GR benefits (e.g., SRO hotel managers). Neither are social attitudes and social stigma associated with being homeless, unemployed, having a disability, or receiving welfare assistance discussed.

Table 1.

CONCEPTUAL CATEGORIES
FOR THE DISCUSSION OF BARRIERS TO GENERAL RELIEF ASSISTANCE

TYPES OF BARRIERS	STAGE Relationship with DPSS which is impaired by the barrier		
	APPROACH	APPLICATION FOR GR	ELIGIBILITY MAINTENANCE
PERSONAL BARRIERS: attributes of the individual without specifiged context			
PROCEDURAL BARRIERS: barrier to compliance with DPSS procedure	ADDRESSED IN THE PRESENT REPORT		
PERSONNEL BARRIERS: barrier arising from interaction with DPSS staff			
OTHER SERVICE PROVIDERS: barriers arising during interaction with non-DPSS service providers			

Section 3.

OVERVIEW AND SUMMARY OF RESULTS

GENERAL OVERVIEW

The purpose of the present report was to identify barriers to application for General Relief benefits (GR) for mentally disabled homeless adults in Los Angeles County. A second purpose was to identify potential strategies to enhance their access. As outlined in Section 2, eight direct service providers from both the private and public sectors were interviewed. Based on the content of those interviews, the following general statements are presented as an overview:

1. The GR application process was described as a drawn-out process which required a complex and convoluted series of tasks.

2. DPSS Offices were considered understaffed, with a serious shortage of mental health professional staff. DPSS eligibility workers, who are largely from the clerical ranks, were not believed to be adequately trained to identify and work with mentally disabled applicants.

3. DPSS applicants are <u>not</u> systematically screened by mental health professionals for mental disability. For this reason, many disabled applicants are mistakenly classified as "employable" by eligibility workers. Such applicants are eventually excluded from the GR Program when they are unable to comply with tasks required of employable GR recipients such as reporting to work sites. Mentally disabled young men were thought most likely to be misclassified as employable.

4. Eligibility workers may award a "temporary unemployable" status to GR applicants during their first intake interview. However, professional certification of mental disability occurs late in the application process, often two weeks or longer after initial contact of the applicant with the DPSS Office. Delayed professional certification was thought to preclude early intervention on behalf of mentally disabled persons.

5. Application was reported to be further hampered by the absence of specialized programs and personnel to compensate for the individual applicant's disabilities and limitations. (For example, there is no case-management program within DPSS.)

6. Those mentally disabled applicants who have intensive case-management were reported to be the most likely to "survive" the application process. However, case management is provided to only a very limited number of GR applicants by various non-DPSS service providers.

7. In general, multiple barriers were reported to systematically exclude mentally disabled homeless persons during the course of application. Furthermore, those applicants who are most disabled were considered most likely to be excluded by the application process.

SUMMARY OF SPECIFIC BARRIERS

In the course of the interviews, a large number of specific barriers were identified from which the above general observations were drawn. As outlined in Section 2, barriers of interest to the present discussion include two types: those which affect compliance with GR application proceedures, and those which occur in the context of applicant interaction with DPSS staff. These classes of barriers were termed "process" and "personnel" barriers respectively.

Process Barriers. Process barriers were divided into three classes for discussion which are discussed in detail in Section 4.

1. Physical Barriers (Attributes of the physical environment of the DPSS Office). Physical barriers included the crowded and chaotic environment, the lack of signs or instructions, and the institutional look of the office, which included the presence of armed security guards. (Physical barriers are outlined in Table 2.)

2. Psychological Barriers (Interaction of disabled applicants with the environment). Psychological barriers included waiting and standing in line, the presence of many strangers, the inability to interpret instructions of DPSS staff, the inability to articulate specific service needs to staff, and the advent of psychiatric crises. (Psychological barriers are outlined in Table 3.)

3. Proceedural barriers (Barriers to compliance with specific DPSS procedures). Procedural barriers included the complexity and intrusiveness of the initial paperwork, the misclassification of disabled applicants as employable, the delayed certification of unemployability, the lack of

ade quate money, bus tokens, and other resources, and the lack of specialized treatment of disabled applicants. (Procedural barriers are outlined in Table 4.)

Personnel Barriers. Personnel barriers included such characteristics of staff members as their lack of mental health training, stereotypes about mentally disabled applicants, fears, attitudes, and behaviors. Also cited were understaffing and consequent overwork of staff members. (Personnel barriers are outlined in Table 5 and are discussed in detail in Section 5.)

Special Barriers. In addition to process and personnel barriers, other conditions were identified to have differential impact on applicants by gender, age, or Hispanic ethnicity. For example, special barriers for men included the suspicions and fears of mentally disabled men which were seen to result in their worse overall treatment by staff. Special barriers for Hispanics included the lack of Spanish-speaking staff and the staff suspicions of illegal migrant status. (Special barriers are outlined in Table 6 and are discussed in detail in Section 6.)

STRATEGIES FOR CHANGE

During the course of the interviews, many strategies were proposed to enhance access to GR by mentally disabled homeless persons. Strategies which were reported included the assumption that the basic or general structure of the GR Program would remain intact as it is now; that is, strategies focused on changing the nature and/or functions of the existing program. (Strategies for change are outlined in Table 7 and discussed in detail in Section 7.)

Five strategies for change were identified. These included the following:

1. Early identification and certification of disabled applicants.

2. Design and implementation of special programs to address special needs of mentally disabled applicants including case management, "escort teams", special housing and placement, amd money management programs.

3. Simplification of application procedures including the simplification of paperwork, the link-up of SSI and GR application procedures, and the certification of disability in the DPSS Office.

4. Increasing the competence of personnel responsible for disabled homeless persons in LA County, including specialized training of DPSS eligibility workers, hiring adequate numbers of mental health professional staff, education of DPSS administrators and LA County Supervisors, and organization of an advisory committee to the Board of Supervisors.

5. Conduct of outreach to community agencies, hospitals, jails, and "the streets".

SECTION 4.

DPSS PROCESS BARRIERS

Process barriers were identified as those which interfered with compliance with GR application procedures. Process barriers were divided into three classes for discussion: i.e., physical, psychological, and procedural barriers.

PHYSICAL BARRIERS

Physical barriers include the following attributes of the physical environment of the DPSS Office.

1. Crowded, chaotic environment
2. Lack of signs or instructionsn
3. Institutional look of DPSS Office

1. Crowded, Chaotic Environment

The DPSS Offices were described as large, chaotic areas. Waiting rooms were characterized as be noisey, smoke-filled, and crowded with people either sitting or standing in lines. Part of the confusion was attributed to verbal fights among clients and between clients and staff in the waiting room.

Several informants reported that prospective GR clients who arrive at the DPSS Office may not enter the office because there is usually a crowd of people standing out in front of the office entrance. The crowd represents a hostile "emotional gauntlet" to go through to get into the office.

2. Lack of Signs or Instructions in Office

Staff persons are visible behind windows in the DPSS office waiting area of the DPSS Office. However, there are no signs which indicate where to go or how to initiate the application process. Although the more functional applicants were considered likely to ask for and receive adequate instruction, the more disabled applicants were not, and in the absence of clear information, they might sit in the DPSS Office all day and never ask for help.

3. Institutional Look of DPSS Office

Several physical aspects of the office were cited as creating an "institutional look" which was disturbing to disabled applicants. Most frequently identified was the presence of armed security guards in the waiting room. Also, a metal detector is situated by the entrance to the waiting room of the Civic Center DPSS Office. Although it "has not worked for years", it was assumed to be threatening to some applicants.

Also discussed were the interview cubicles, which are stalls with glass windows to separate staff and applicants. During interviews, conversation must occur through the window, and papers are passed back and forth underneath the window.

While the glass cubicles were seen to contribute to feelings of security for staff members, they were alsoseen to have drawbacks for applicants. For example, the glass was seen as isolating. "Workers don't feel the emotions of the clients, which is not healthy for clients or workers. Workers get away with more, and clients feel dehumanized". Also, the glass was seen to reinforce the image of failure rather than one of contact. Applicants were known to have commented that the windowed stalls reminded them of prison.

Table 2.

PHYSICAL BARRIERS

(Attributes of the Physical Environment of the DPSS Office)

1. Chaotic Environment

   Crowded

   Noisey

   Verbal fights among clients and between clients and staff in the waiting room.

2. Lack of signs or instructions in office.

3. Institutional look of DPSS Office:

   Presence of armed security guards

   Presence of metal detector near door (Civic Center Office)

   Prison-like interview cubicles with glass separating staff and applicant

PSYCHOLOGICAL BARRIERS

Barriers which characterized by the interaction of applicants with the DPSS Office environment were termed psychological barriers. Psychological barriers were divided into the following six classes for discussion:

1. Waiting
2. Standing in line
3. Presence of strangers in waiting room
4. Articulation of specific service needs
5. Applicant inability to interpret instructions of staff
6. Psychiatric crisis

1. Waiting

Mentally disabled applicants cannot easily wait for anything, including survival needs. After filling out a lengthy initial application packet, they must often wait from three to eight hours in the DPSS waiting room before being called to see an eligibility worker. As a function of waiting, they may become belligerant or hostile, agitated or explosive. They may walk out of the office.

Many disabled persons cannot sit through hours of waiting. Persons with major affective disorder get discouraged easily. If such an applicant has to wait six or eight hours in the DPSS Office, then he or she is not likely to repeat the attempt.

2. Standing in Line.

Mentally disabled persons often have a problem which is a physical one connected with their illness: i.e., agitation. They may be "driven to move", to physically change their space. Although they may be able to stand a long while, they are unable to stand in one spot (i.e., in line).

3. Presence of Many Strangers in Waiting Room.

When a person walks into a DPSS Office, they are surrounded by many people in a large, open waiting room. Disabled applicants may have difficulty tolerating the noise and confusion in the building. They may sit briefly, but they cannot stay seated for long. They perceive the other people in the office as a sort of "pressure". They may leave the office to avoid the "pressure".

Disabled persons sometimes feel that other people in the office are watching or talking about them. If a person's disability is grounded in paranoia, anything that makes him or her feel susceptable to harm is problematic. Many strangers in an open space may be uncomfortable, especially if the client is

supicious of FBI, CIA, or terrorist presence. Such a person is not likely to stay in a room with strangers.

4. Required Articulation of Specific Service Needs to DPSS Staff

When an applicant attempts to apply for GR benefits, he or she is required to articulate the specific services desired. Disabled applicants may not be able to articulate their needs in the jargon of the service provider.

Even after arriving at the DPSS Office, disabled applicants were known to sit in the office all day without directly applying for assistance. They either did not know how or were unable to ask for help. They were perceived by one informant to be "unconsciously seeking help, especially when they are very sick."

5. Applicant Inability to Interpret Instructions of DPSS Staff.

6. Psychiatric Crisis

Clients may "act out or be combative" in the DPSS Office. Although many disabled applicants who come into the office have been staying in a mission and are more accustomed to controlling their behavior in that context, they may be unable to avoid reacting to the conditions of the DPSS office where there is much turbulance, noise, and confusion. They may find it even harder to maintain control when others are "acting out". Disruptive clients may be taken into custody by security guards which may eventuate in hospitalization. One DPSS employee estimated that about five applicants per month were hospitalized as a result of their behavior in one DPSS office.

Table 3.

PSYCHOLOGICAL OR EMOTIONAL BARRIERS
(Interaction of applicants with DPSS environment)

---

1. Waiting

2. Standing in line.

3. Presence of many strangers in waiting room

4. Required articulation of specific service needs to DPSS staff.

5. Applicant inability to interpret instructions of DPSS staff.

6. Psychiatric crisis

PROCEDURAL BARRIERS

Barriers to the compliance with specific DPSS proceedures were termed process barriers and included the following:

1. Initial application paperwork
2. Applicant's lack of familiarity with procedures
3. Identification requirement
4. Lack of professional mental health evaluation of all GR applicants
5. Misclassification of disabled applicants as employable
6. Certification of unemployability
7. Lack of adequate material and informational resources
8. Certification of disability late in application process
9. Lack of specialized treatment of target population to compensate with limitations of the disability.
10. Applicant's contact with diferent staff with each step of application process.

1. Initial Application Paperwork.

Many disabled applicants were thought to be overwhelmed by the application procedure which is long and complicated. Two principal types of difficulties emerged from the discussion. They were organized around issues of complexity and intrusiveness of the procedures.

Complexity

The initial application packet was described to contain 18 pages or more. Also, instructions and question structure were difficult to comprehend. In spite of the ability to read and write, disabled applicants were often believed to be unable to "interpret" the forms.

Much information is required for the forms. The applicant's name, Social Security number, and birthdate, which is complex information for many, must be repeated on several pages of the the forms.

Other information is also required including the names and addresses of living relatives, previous means of support, and recent living arrangements. Disabled applicants often do not remember needed information; neither do they have access to the required information.

For example, brain damaged persons from substance abuse have particular difficulty reconstructing past experiences. They do not remember.

Table 4.

DPSS PROCEDURAL BARRIERS

---

1. Initial application paperwork.

   Complexity: Length (c. 18 pages)
   Detailed written instructions
   Unclear question structure
   Detailed information required
   Lack of access to requested information

   Intrusiveness: Probing of sensitive information

   Lack of staff to assist applicants with paperwork.

2. Applicant's lack of familiarity with procedures

3. Identification requirement

4. Lack of professional and competent evaluation and screening of all GR applicants for mental disability.

5. Misclassification of disabled applicants as employable

   Applicant's self-identification as employable

   Eligibility worker's misclassification of disabled applicant as employable

6. Certification of unemployability

   Lack of personnel at DPSS Office to certify disability

   Multiple return appointments with DPSS

   Required location of, travel to, and execution of burocratic requirements at multiple agencies external to DPSS:

   Repetition of incorrectly done tasks

7. Lack of adequate resources to comply with required tasks (e.g., telephone, bus tokens, addresses, maps)

8. Certification of disability late in application process, precluding early specialized assistance.

9. Lack of specialized treatment of target population to compensate for disability.

10. Applicants contact with different staff with each step of application process.

Intrusiveness:

The GR application requires much personal information. Application forms include questions about sensitive material which may provoke disturbing older memories or challenge current views about ones self. One informant suggested that identification may establish an applicant's name which reminds him of the family which used to institutionalize him. Another example is a man who identified himself as J. Edgar Hoover's son. Mr. Hoover would not or could not provide a correct name and birthplace because providing such information would contradict his assumed identity.

Schizophrenics have a special response to sensitive questions and are vigilant about its use. Paranoia among schizophrenics makes them suspicious of questions such as those about previous employment, especially when they cannot be sure who will see the information. One applicant believed that the CIA and FBI follows him. It took three months to convince him to give eligibility workers a Social Security number, and it was the wrong one.

Wrong Information. One informant reported that she had observed clients to give "wrong" answers to questions during the application process. The informant perceived incorrect answers to be a reflection of client fears and reluctance to tell the "real" answers. The informant felt further that it was necessary to patiently work with the "rambling" of a client to wait for the "real" information.

Lack of staff to assist applicants with paperwork.

Disabled clients were not seen to have the ability and patience to deal with the forms which are part of the basic application procedure. Clients have trouble filling out forms. For some, just trying to relate is difficult. Despite such difficulties, DPSS staff were not available to assist with the paperwork.

2. Applicant's lack of familiarity with procedures

After filling out a lengthy initial application packet, applicants may wait as long as eight hours before being called to see an eligibility worker. Because of delays, the applicant may leave the DPSS Office with the belief that the long wait means that they must be unqualified.

Applicants are usually given a two-week voucher for housing as the first step in their assistance. Actually, they are entitled to vouchers for housing until their first check arrives. If they do not understand the process, they do not know to return to DPSS for another voucher. Sometimes, especially if they have not received GR before, they believe that they only are entitled to a one-time voucher.

3. Identification requirement

Disabled homeless persons have problems with identification. Mentally ill persons are reported to be more easily victimized, and identification is often stolen. For application to GR, the applicant must have something on them at the moment. Although many disabled persons have a history of system contact which can serve as identification, they may not retain papers to show who they are.

Identification is required which many homeless persons do not have. The applicants often do not know their Social Security numbers, and sometimes they are unable to get a birth certificate.

For example, the male who insisted that he was J. Edgar Hoover's son also insisted that he was over age 65. It was impossible to prove his age without identification such as a birth certificate. DPSS personnel applied for birth certificates in several places he identified as his birth place. However, none of them was accurate.

4. Lack of professional and competent evaluation and screening of all GR applicants for mental disability.

Employability versus unemployability status

Applicants who complete and turn in the initial paperwork are called in for an intake interview, usually after a two to eight hour wait on their first day of contact with DPSS.

As a result of the initial application process, applicants will be assigned to one of two categories: "employable" or "unemployable". The two groups are treated differently with respect to activities required to remain eligible for GR benefits.

> Employable GR recipients are assumed to be work-ready, and they are required to perform a series of employment-related activities including registration for work, and actually reporting to job sites to "work off their welfare grant with the county."
>
> Unemployable GR recipients, on the other hand, are considered to be unable to work as a function of a physical or mental disability. They are not required "to work off their grants", although another series of tasks is required.

GR-program procedures do not include the conduct of a professional mental health evaluation of applicants to confirm their fitness for employment. Therefore, as a result of errors in initial screening, many disabled applicants are misclassified as employable.

5. Misclassification of disabled applicants as employable.

According to informants, certification of employability is largely a function of the applicant's self-identification as "employable". There is a question on one of the GR application forms where the applicant is asked to indicate whether she or he is employable or unemployable. Normally, disabled applicants tend to indicate that they are employable. The choice was attributed to either the applicant's not wanting to admit that they were ill, or to their fear that someone might hospitalize or jail them.

Some self-identified "employables" may be referred for professional evaluation if eligibility workers perceive them to be disabled. Although some eligibility workers were thought to be astute and sensitive, they were also considered to be "completely untrained" in recognizing symptoms of mental illness. For that reason, only applicants or clients who are recognized as mentally disabled by untrained and non-professional eligibility workers are referred for evaluation. Otherwise, the client's self-identification as employable applies.

At times, clients who were originally categorized as unemployable become recertified as employable. These occasions occur, for example, when a client convinces their eligibility worker that they are willing and able to work. Based on the client's request, the DPSS worker may recertify the person as employable without benefit of opinion of a professional mental health worker.

For these reasons, disabled GR applicants often have been mistakenly categorized as employable and have been therefore subject to conditions of continued eligibility as though they were employment-ready. However, compliance with requirements for employable GR recipients is not possible for many disabled persons. They cannot comply with such requirements as:

Going out on a work project. Recipients are required to work sufficient hours to pay for their monthly welfare grant at minimum wage rates

Registration at the Employment Development Department Office (EDD). Often, applicants are unable to find the office, or they go on the wrong day for the appointment, or they lose the referral slip to EDD.

Conducting a work search. The search includes getting signatures of potential employers on a form. Many applicants cannot successfully handle the social interaction.

Keeping other appointments.

Once categorized as employable, the client must meet a series of requirements to maintain eligibility. If the applicant fails to meet all requirement, they may be subject to a 60-day penalty period. During the penalty period, clients may not reapply for County assistance.

Because of errors in initial evaluation by intake workers and the lack of adequate mental health screening, mentally disabled applicants are often categorized as employable. When they fail to meet the program requirements for employable GR recipients, they are likely to be subject to 60-day penalties. After one or two penalties, the chances of reapplying for assistance were believed to be unlikely.

6. Certification of Unemployability.

A series of tasks must be completed before an applicant is certified and approved to receive GR benefits as "unemployable". Each task represents a cluster of barriers which are described and discussed below.

6a. Temporary Disability Classification. The first step in certification of unemployability occurs during the intake interview by eligibility workers who, as discussed above, are non-professional staff who generally have no special training for working with mentally disabled persons. During the intake interview, the eligibility worker may see the applicant as potentially eligible for classification as unemployable, either through the applicant's self-identification or through the worker's perception of the applicant's behavior as symptomatic of mental disability.

If the applicant appears to have a mental health disability, the eligibility worker may assign the applicant a temporary disability evaluation with instructions to return in two or three days for a group intake meeting. The worker also gives the applicant vouchers for a hotel room and for food.

6b. Group Intake Meeting. The second step in the process is a group intake meeting. During the group intake meeting, no distinction is made between mentally and physically disabled applicants. That is, no special effort (e.g., special instruction or offer of help) is made to assist mentally disabled applicants. The nature of the applicant's disability becomes established officially at a later part of the application process.

During the group intake meeting, the applicants receive as many as eleven forms during the meeting. Many of the forms are complicated and were believed to require a high school education or better to understand. Several forms include lists of client rights which applicants are supposed to read and sign during the meeting. However, clients often signed the papers without understanding their content.

Applicants are informed to return for an appointment with eligibility workers within ten days of the group intake meeting.

6c. Contact with Outside Agencies. For the third step in the process, applicants are required to return to the DPSS for an appointment with an eligibility worker. In the ten days since the group intake meeting, applicants must complete a series of tasks to help document their mental disability and hence their eligibility for unemployability status. Each task requires the location of, travel to, and completion of burocratic or other procedures. The completion of each task must be documented.

Documentation of having completed the following tasks is required:

1. Medical Examination. After the group intake meeting, the applicant must make a medical appointment at a County-approved clinic to get a medical examination. The applicant is given a referral sheet during the intake meeting with the phone number and location of an approved clinic. Although several clinics are approved for the evaluation, only one is indicated on the referral sheet. Sometimes the clinic indicated on the referral sheet is not the easiest for the client to travel to.

The client must phone to make the medical appointment and then call to advise the worker of the appointment time and place. Although the client may have no money, she or he is required to make the calls.

The following anecdote was offered to illustrate one applicant's difficulty:

One client who attended a group intake meeting was developmentally disabled and was estimated to have a third- to fourth-grade reading level. During his group intake meeting, he was instructed that he could go to his own doctor (which he did not have) or to a county clinic. He was also given a written referral slip for the Hollywood Wilshire Ambulatory Clinic. However, the client could not read the referral slip. He was also told that there was a county clinic on Broadway, but he did not get further information. In an attempt to find the medical clinic, the client walked up and down Broadway, which is more than 25 miles long, running from Chinatown to South Central Los Angeles.

2. Certification of Mental Health Disability. The approved county and private clinics certify physical health disability only. During the medical evaluation, psychiatric status is not evaluated. Rather, after their physical evaluation, applicants are referred to a second clinic for psychiatric evaluation (e.g., Skid Row Mental Health [SRMH] or the County hospital).

Getting the psychiatric evaluation at a different facility from the medical evaluation requires another day, another trip, and another phone call to the eligibility worker. The clients may not know to call the worker to advise them of the second appointment. Also, clients are sometimes unaware that they must keep the second appointment for psychiatric evaluation as a condition of eligibility.

Applicants must have a psychiatric evaluation and be certified disabled to qualify for unemployability status. The certification is typically signed by a psychiatrist. However, many disabled persons will not submit to a psychiatric evaluation since the evaluation represents risk of hospitalization. The applicant may abandon the application process at this point.

Until recently, some clients were evaluated for mental disability by professional staff at the Civic Center DPSS Office. Clinical Social Workers conducted a limited number of clinical evaluations there and in outlying offices. According to one informant, however, efforts of the clinical Social Workers were inadequate to meet the demand for their services, largely due to the the limited number of professional staff; i.e., four Clinical Social Workers were responsible for the entire county.

More recently the staff of Clinical Social Workers had been reduced from four to two persons. They no longer visit outlying districts to make "unemployability" designations, and their role within the Civic Center Office has been modified.

3. California Identification Card. Applicants often have to go to the Department of Motor Vehicles to apply for an identification card. Sometimes, they were given county vouchers to cover the cost of application. One respondent only knew of two DMV Offices: one was 35 blocks from downtown, and the other one was in Hollywood.

4. Social Security Number. Applicants often must locate and travel to the Social Security Office to apply for a Social Security number and card.

5. State Disability Insurance (SDI). Applicant must locate the Employment Development Department to get and file SDI application forms. The SDI applicantion form requires good reading ability as well as capacity to understand a very "cluttered and confusing format". The forms require detailed information such as the names, addresses, and phone numbers of former employers.

Applicants are instructed to fill out one part of the form and to take it to a doctor for completion ofthe second part. If the applicant's medical appointment occurred before going to the EDD office, then the doctor's

certification on the SDI application may necessitate a return trip to the medical clinic.

6. Rent verification signed by the manager of the voucher hotel where the applicant is staying.

7. Affidavit of previous six months of financial support. Client must fill out and sign the affidavit.

7. Lack of Adequate Information and Material Resources

Applicants are not given adequate information or material resources to comply with required tasks. Although applicants are given four bus tokens for transportation between the DPSS and the voucher hotel, no tokens are given for other tasks. No money is given to cover phone calls. Also, limited directions or maps or addresses are given. Only two addresses are given: (1) a clinic from the referral list for the medical evaluation, and (2) a list of DMV Offices in the greater Los Angeles area on the back of the voucher issued to cover for application for California Identification Card.

Applicants are not adequately instructed about the conduct of required tasks, which may result in unnecessary delays and confusion for the applicants. Because of errors or missed appointments, applicants may get discontinued, and they must start the application process over.

8. Repetition of any tasks not completed correctly before the application is approved.

9. Certification of unemployability late in application process, precluding early specialized assistance. DPSS certification of disability usually occurs about two weeks after initial contact.

10. Lack of specialized treatment of target population to compensate for disability.

There is no special attempt to offer special instructions, trained staff, or special procedures to help expedite the application by disabled persons. There is no one to accompany them through the various interviews and tasks and to be sure that they fill out the forms correctly and return for required appointments.

11. Applicants contact with different staff with each step of application process.

For the first month of the application process, applicants often deal with different eligibility workers each time they go into the DPSS Office.

Section 5.

PERSONNEL BARRIERS

Barriers identified in the context of applicant interaction with DPSS staff were termed personnel barriers. Personnel barriers were organized into four classes:

1. Inadequately trained staff.
2. Stereotypes and fears of staff members.
3. Understaffing and consequent overwork of staff members.
4. Inappropriate attitudes and behaviors of staff.

1. Inadequately trained staff.

DPSS staff members who have direct contact with GR applicants are largely non-professionals. Generally, they do not have specialized education or training for dealing with the target population, and they do not know about mental illness. Eligibility workers are largely from the clerical ranks, and they were referred to as "glorified clerks" by one informant. In particular, eligibility workers were thought to be totally unqualified to make the "judgement calls" on mental health disability which they often make.

Welfare workers are not trained to deal with " socially inacceptable behavior" of disabled applicants.

Many eligibility workers were thought to perceive all mentally disabled persons to be the same. They have no regard for special mental problems; they just perceive applicants to be "acting crazy". They often believe that telling disabled clients to "act correctly" as a condition of assistance will change the applicant's behavior. If forms are not filled out correctly, for example, staff members do not consider the possibility that the client cannot fill them out.

Table 5.

PERSONNEL BARRIERS
(Interaction of Applicants with DPSS Personnel)

1. Inadequately trained staff.

2. Stereotypes and fears of staff members.

3. Understaffing and consequent overwork of staff members; low morale

4. Inappropriate interaction of staff with applicants.

   Failure to help when asked for assistance

   Failure to communicate clearly, talk slowly

   Hostile, rude, unsympathetic behavior (verbal fights, yelling at applicants)

2. Stereotypes and fears of staff members

Reportedly due to their lack of formal training, eligibility workers depend on exaggerated behavioral cues to identify mentally disabled persons. For example, staff workers often expect mentally ill persons to have bizarre dress and behavior. They expect them to have physical symptoms such as twitching. Or they identify applicants because they appear listless or lifeless, with no emotion. Finally, they may identify disabled persons if they overhear unusual language use by applicants during during conversations in line. Such are the cues for the untrained staff identification of mentally ill applicants.

However, many mentally disabled applicants do not fit these stereotypes. Many disabled persons "pass" with appropriate social behavior and appearance. Often, the presence and nature of the disability are not revealed until the applicant is questioned carefully. Failure to adequately screen GR applicants results in misclassification of disabled applicants as employable.

For example, several informants suggested that misclassification was particularly serious problem for young men who were mentally disabled. Workers were seen to have an "initial resentment" of able-bodied men who sound and look healthy. Staff members were reported to be more likely to classify them as "employable". In such cases, workers rely on their own judgement rather than that of professionals for evaluation of disability. (See Section 6 for a discussion of differential impact of barriers by gender and age.)

Eligibility workers were often perceived to be afraid of mentally disabled persons, especially young men.

3. Understaffing and consequent overwork of staff members; low morale.

Eligiblity workers were thought to have more cases than they could handle, with quotas of 50 to 60 new cases per month. The work environmnet does not allow workers sufficient time to encourage and to work carefully with their clients.

By law, applicants are entitled to shelter by the end of the first day of application. Applicants often have waited all day to see the worker. At the end of the day, the worker is usually tired from many previous appointments and interviews and does not want to take the time to explain procedures in needed detail.

4. Inappropriate interaction of staff with applicants.

Lack of adequate training, influence of stereotypes, and understaffing were thought to be reflected in the attitudes and behaviors of workers toward disabled applicants.

Some workers, who tended to exercise some flexibility in their response to applicant difficulties, were seen to work well with disabled applicants. However, flexibility was seen to vary across workers, and worker attitudes were often discussed as serious barriers to applicants.

Staff members were generally seen as "indifferent and non-caring." Workers were often reported to view disabled applicants as "bad clients", whom they would treat badly and "try to exclude." Applicants themselves were often reported to believe that staff persons wanted "to cut them off".

Workers were perceived to assume that the applicant's indigence justified their lack of respect. More usually, staff behaviors toward disabled clients were considered to be hostile, rude, and unsympathetic, including verbal fights and yelling at the applicants. Staff behaviors were described as "dehumanizing", "rough", "foul-mouthed", and "insulting". One DPSS employee reported, "Men cry and say to me, 'You are the first person to treat me as a human'."

Some of the staff were described as "not receptive or understanding". Eligibility workers were described to have a dehumanizing or authoritarian approach which included talking applicants as though they were children. For a disabled applicant who is afraid of the environment, an authoritarian attitude was described as "not useful".

Workers tend to speak quickly and to not explain instructions and requests adequately. When applicants request assistance with paperwork or other aspects of the application process, they are often rebuffed.

Eligibility workers treat applicants badly. Applicants are frustrated and intimidated by DPSS workers who yell at them, and informants reported having seen workers and applicants "scream at each other". In response to bad treatment, frustration, and confusion, disabled applicants were observed to abandon the application process and resist returning to the DPSS.

Section 6.

SPECIAL BARRIERS BY GENDER, AGE, AND HISPANIC ETHNICITY

Gender Differences in Access to GR

Differential Treatment of Men and Women Applicants

Staff attitudes were reported to translate into increased barriers for disabled male applicants. Special barriers to men included overall worse treatment by DPSS staff members, and the greater likelihood that their disability would be discounted, resulting in their misclassification as employable.

It was generally observed that unless women applicants were "really out of order", the staff are friendlier to women than to men. More care and compassion are extended to women. The staff seemed to have more patience for the women.

However, treatment of men and women seemed to vary across offices. One informant had observed differences in treatment of men and women in certain DPSS Offices. In response, she tended to send women to two particular offices, and she sent men to others. She observed that one could not send men to some offices because they were treated so badly.

Specific Barriers for Men and Women

Generally, women were considered much less likely to come to the DPSS Office to apply for GR assistance than men. Women's reluctance to approach the DPSS was attributed to two specific conditions of DPSS assistance. First, homeless mentally ill women were described as extremely vulnerable. "Homeless women are less likely (whether mentally ill or not) to go into a place with mostly men." When they walk into a DPSS Office, they see many men in an office which is crowded and appears hostile. They are less likely to stand in line with men they're afraid of. Many of the women are rape victims, and to apply for GR, they must stay in the DPSS waiting room up to eight hours with men who may have raped them.

Table 6.

SPECIAL BARRIERS
BY GENDER, AGE, AND HISPANIC ETHNICITY

Applicant Group	Special Barrier
Women	Presence of many men in the DPSS office waiting area; crowding.
Men	Staff response to male applicants:
	Suspicions and fears of mentally disabled men
	Worse overall treatment of males by staff
	Misclassification as employable more likely
	Disability less believable
Younger	Self-identification as employable
	Misclassification as employable by DPSS staff
Hispanics	Staff suspicions of illegal migrant status
	Lack of Spanish speaking staff
	Presence of armed security guards.

Secondly, housing options provided through GR may have less value to women. Most housing available in the country for the GR grant amount is concentrated in Skid Row which was described as a "highly dangerous" area. A woman who is placed by DPSS may be the only woman in a big Skid Row hotel, which is frightening. "She may feel that it is easier to stay on the streets in West LA or invisible in an alley than in a Skid Row hotel with a door lock that doesn't work. Everyone in the hotel knows where you are."

Informants generally agreed that although women were considered much less likely to approach the DPSS for assistance, they were more likely than men to be approved for benefits once they applied. The reasons seemed to reflect the general themes of comparative vulnerability and sympathy, where women were viewed as more vulnerable and more sympathetic applicants than men.

Vulnerability

Women were seen to be more vulnerable as a function of two conditions: i.e., their increased risk of injury, assault, and sexual exploitation, and the more limited availability of alternative resources specifically for women in Skid Row.

"The street is cruel for anyone, but disasterous for women." A DPSS staff person reported that they work harder to get a disturbed woman on GR because women are more "at risk" if not helped. "The whole experience is harder for women who are more exploited on the street." Several informants referred to women on the streets as "targets". "Women get raped". In contrast to the perceived vulnerability of women, homeless and mentally ill men were attributed with having learned how to survive on the streets.

It should be noted that contrast to the majority of informants, one informant reported that mentally ill women have more programs than men in the Skid Row area of Los Angeles.

Sympathy

Informants reported that it was easier to get a disabled woman on GR because the staff were seen to have more "sympathy for getting women off of the streets". Women who are seen as an oppressed group get more sympathy which results in DPSS staff providing more services.

The issue of sympathy seemed to revolve around women having more believable disability, and men representing a threat or provoking fear. Consistently, informants reported that men were less well treated by DPSS staff than women.

Disability More Believable in Women. Staff members were thought to believe that a dirty appearance in women "clearly indicated something wrong". The staff seemed to take more time to work with women and they tend to give more assistance.

In contrast, informants reported that DPSS staff tend to see men as "transients", with homelessness a part of their life style. Men were perceived to be "just using the system". If men gets on General Relief, staff members are afraid they will be on "forever".

Furthermore, if disabled men are young and appear able, they are less well treated. Several informants reported that workers seemed to have an "initial resentment" of able-bodied men who sound and look healthy. Staff members (who are largely non professionals from the clerical ranks as discussed in Section 5) were thought likely to discount mental disability in able-bodied men and to misclassify them as employable.

Men Perceived as More Threatening. One informant who had gone through the GR process with both men and women applicants reported that even the "difficult women" do not seem to present a threat to GR staff, whether men or women. (Several informants noted that most direct-contact staff members are women.) Women were considered to be "more benign and eccentric. More of a danger to themselves than to others."

By comparison, eligibility workers were often perceived to be afraid of mentally disabled men, especially young ones. Informants observed, "There are so many mentally ill men", "Strange behavior in men is more threatening", and "Men are immediately suspicious".

Age Differences in Access to GR

As with gender differences, sympathy and vulnerability were issues around which distinctions by age were organized. Interestingly, age differences were discussed only in terms of younger and older men. Barriers for women were not identified to be affected by age. All discussion presented here refers to differences between younger and older men.

Sympathy

If applicants are older, they are more tolerated. An applicant who presents the same problem, if younger, will not be tolerated by DPSS staff. The younger ones are believed to be able to "do okay on the streets".

Older gray haired applicants get more sympathy thatn 30-year old able bodied men. A young man is more of a physical threat. It affects how comfortable staff persons feel physiclally, which was thought to sway service providers.

Vulnerability

Older men were perceived to be more vulnerable. They were thought are less able to compete in the hostile environment of Skid Row. Younger men who had grown up "on the fringes" were believed to be better able to cope generally.

Applicants' Perceived Disability

Self-perceived disability was thought to affect access of younger disabled persons. "Applicants who refuse to accept the fact of their mental problems cannot get access to GR or SSI as easily. They need help, but they cannot get help. They tend to want employment instead". Those who do not recognize their disability were observed to delay approaching DPSS for assistance. Those who actually applied for assistance resisted being classified as unemployable. They often report themselves to be employable.

Older disabled applicants were thought more likely to have been hospitalized previously, and they were thought more accepting of their disability. "They have a label and a diagnosis and they know of their disability."

Young disabled men, on the other hand, tend not to have been through the state system. Young men have not been classified, and they have not been helped. "Younger men are not as likely to accept their disability. They do not think of themselves as disabled."

Special Barriers to Hispanics

The DPSS staff was perceived to be "suspicious" of Spanish speakers. One applicant was known to be refused GR because the eligibility worker suspected him to be in the US illegally. The staff is afraid that applicants may "get something they are not entitled to."

Many hispanics who are homeless come from Central America. Their problems were believed to be different from other homeless persons, more related to the "ravishment in their own countries". Central American refugees with mental problems tend to sleep outside only, according to one informant.

Central Americans were reported to be fearful of any situation with the appearance of police, such as the security guards with guns in the DPSS Offices.

Language Barriers

Language differences create barriers for some Hispanics (as well as for other nor-English speaking applicants). There are few Spanish speakers among DPSS staff. Staff interviews of Spanish speakers through interpreters result often in unclear communications.

Furthermore, many hispanics are illiterate in Spanish. Mentally disabled Spanish speakers have special problems since they are not even communicating well in their native language because of their disability.

Section 7.

STRATEGIES FOR CHANGE

Strategies reported here included the assumption that the basic structure of the General Relief Program would remain intact as it is now; that is, strategies focused on changing the nature and/or functions of the existing GR program. In general, there was broad agreement on the general types of changes and desired outcomes, although details for implementation often differed. As much as possible, the essence of each suggested strategy to enhance access is presented.

It should be noted that informants considered financial support to be an important aspect of assistance; however, qualifying for GR benefits was not seen as a "final solution" to the provision for indigent mentally disabled persons in Los Angeles County.

Strategies to enhance access to GR for mentally disabled homeless applicants tended to cluster around five specific themes:

I. Early identification and certification of disability among disabled GR applicants.

II. Specialized treatment for mentally disabled applicants including case management, escorts, housing and placement, and money management.

III. Special training of DPSS staff to deal with mentally disabled applicants and clients.

IV. Simplification of GR applicantion process.

V. Outreach.

Each of these strategies is discussed below.

Table 7.

STRATEGIES FOR CHANGE

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1. Identify and certify mentally disabled applicants during initial contact with DPSS.

2. Design and implement special programs and personnel to deal with mentally disabled applicants.

   Case Management
   Escort Team
   Housing and Placement to insure access
   Money management, funding alternatives, increased grant amount

3. Simplify Application Process

   Simplify paperwork
   Certify disability and hence "unemployability status" at DPSS Office.
   Link-up of SSI and GR application proceedures.

4. Increase competence of personnel

   Train DPSS eligibility workers to work with disabled applicants

   Hire professional staff to work with mentally disabled applicants

   Educate DPSS administrators and members of LA County Board of Supervisors

   Organize advisory committee to Board of Supervisors

5. Conduct outreach to community agencies, hospitals, jails, and "the streets"

I. EARLY IDENTIFICATION AND CERTIFICATION OF MENTAL DISABILTY.

Delayed certification of disability was seen as a major barrier to access for disabled applicants. Often occuring two weeks or longer after initial contact with the DPSS, the delay prolonged the application process and precluded specialized intervention. Therefore, early determination of disability or "unemloyability" was proposed. Specifically, identification and certification of unemployability of disabled applicants should be conducted DPSS professional staff during the first day of contact with the DPSS Office.

The following procedure was suggested:

1. All GR applicants would see a DPSS screener in a common intake line. Screeners would be specially trained for mental health screening.

2. Screeners would identify clients who appear to be mentally disabled. Such clients would bereferred to Clinical Social Workers for mental health evaluation. Working with them would be a specialized unit of eligibility workers to start the application process for GR.

(Currently, the county is behind in the application process, so they give 14-day vouchers and food stamps to the applicants and an appointment to return if the applicant is perceived to be GR-eligible. With the proposed cahnge, there would be no two-week delay.)

3. Disabled Ss would be evaluated immediately for GR application purposes. Also, clients who appear to be SSI eligible could be escorted to a local county mental health clinic (e.g., Skid Row Mental Health) to receive evaluation by a psychiatrist. Currently SSI conduct outreach to SRMH, and the client's SSI application could be started the same day.

4. Personnel from Adult Protective Services ("untrained social workers") could accelerate the SSI application by accompanying the applicants through the paperwork.

5. To implement such an in-house evaluation program, 12 to 14 Clinical Social Workers would be needed. For the Civic Center Office only (site of most homeless GR applications) from seven to nine were thought to be would be sufficient.

Permanent staff would be best at Civic Center, Echo Park, and Long Beach Offices. Otherwise, other offices could be visited one or two times weekly, and eligibility workers in outlying offices could schedule clients to come on specific days for evaluation.

II. INSTITUTE SPECIALIZED TREATMENT OF MENTALLY DISABLED APPLICANTS

A. Case Management

Informants reported that applicants who are most successful getting approved for GR benefits have an advocate who talks with them and who escorts them through the application process.

In all "success stories" related by informants, active case management was the common element, including serious contact and intervention with the applicant over time.

B. Escort Service

Several respondents suggested the organization of a team of specially trained staff persons (suggested alternately as clinical social workers or specially trained eligibility workers) to "escort" mentally disabled homeless applicants through the first day of the application process. Two or three workers would be placed in each office to work exclusively with the target population.

The suggested process included the following:

1. Applicants requiring assistance would be identified at initial point of contact with DPSS staff and referred to "team". Team member would escort the applicant to a separate quiet and private area. The initial contact staff person would be a mental health professional or specially trained eligibility worker.

2. A member of the escort team would sit and talk with the applicant, fill out the paperwork with them, and conduct them through the application process.

3. Escort staff would have authority to expedite the process, including authority to certify the person "unemployable".

Advantages of such specialized attention were expected to result in the following:

1. The success rate for mentally disabled homeless applicants would increase as a function of increased speed and accuracy in complying with proceedures

2. Initial application time would be reduced to one or two hours from as much as ten hours.

3. Verbal and physical fights among clients in the waiting area or between clients and workers would be reduced. Staff morale would increase.

4. More disabled homeless persons would approach DPSS for assistance as a function of improved reputation "on the streets". Name-recognition of special eligibility workers would occur and facillitate tracking of applicants for specialized assistance.

C. Housing and Placement

Special Housing for Mentally Disabled GR Recipients.

Informants argued in favor of special housing facilities for disabled homeless persons. Disabled persons have special needs which could be better served in a multi-service facility. Also, private facilities are often unwilling to accept disabled persons even when they have funds. A special facility would reduce the disabled persons' vulnerability to victimization, provide more services, and guarantee placement of mentally disabled GR recipients.

Specific arguments in favor of special housing for mentally disabled GR recipients include the following:

1. Private agencies "pick and choose" clients they are willing to accept or keep over time. Disabled persons are often excluded from housing because of their disability (e.g., unusual behavior or appearance), even when they have financial resources such as GR support.

2. Many disabled persons do not received adequate services or care in facilities where they establish residence.

3. Risk of victimization of disabled persons is higher in facilities which "mix" disabled persons with non-disabled "street types".

4. GR applicants are currently placed by DPSS in single-room occupancy hotels (SRO hotels) where they are often subject to eviction for their behavior. They need a special residential faciltiy for mentally disabled persons with some assurance of continued residence.

Several specific proposals were put forward.

1. One or more SRO hotels currently under contract with Los Angeles County could be converted to a restricted-admittance hotel, with use limited to disabled persons. The facility management could be coordinated with the county hospital of a county mental health clinic such as Skid Row Mental Health for medications and other services.

2. The county could purchase/manage a hotel for mentally disabled persons with basically the same description above. A county-owned facility would guarantee access and placement for mentally disabled clients.

3. The county could establish a custodial care facility where multiple services and housing would be provided in a single facility. One suggestion included the establishement of a county facility as an "intermediate" facility between acute psychiatric care and independent living. The facility would be connected to USC or other county hospitals for the provision of services.

A county hospital employee reported that acute psychiatric beds in the County hospital are often used as "holding" beds for stabilized persons which cannot be discharged into the community because no community facility (e.g., board and care) will accept them. The intermediate care facility was proposed which would accept a range of residents including stable persons discharged from the county hospitals as well as disabled homeless persons in need of special housing. Placement would also be available for disabled persons who will not be covered by SSI.

The facility was designed conceptually to provide more than just custodial care. Rather, it would include medication management, recreation, health services, and therapeutic intervention.

Placement of Women Outside Skid Row

Many informants expressed the recommendation that women should never be placed/housed in Skid Row, especially if they applied for assistance outside of the Skid Row area.

D. Money Management and Funding Alternatives

1. Money Management

The county could set up a 'money management program"in which agencies (e.g., Skid Row Mental Health, LAMP) act as payee. The program was suggested as a parallel to an existing program in Skid Row at the Skid Row Mental Health (SRMH), a county mental health clinic.

SRMH recently started a money management program for SSI recipients. Program participants agree to receive their SSI checks at the SRMH. Then SRMH staff accompanies the participant to cash the check and then holds the money for distribution as the client needs it.

In another variation, the program provides clients a payee when they cannot manage their own funds. SRMH in the future will act as payee for SSI recipients, and staff will give allotments to participants for rent and will help them to organize their lives.

2. The Bridge Concept

One informant suggested that benefit distribution be modeled after the Department of Rehabilitation which gives money directly to a program provider according to its census. The program provider serves as a bridge between the agency and its beneficiaries and handles all paperwork and other burocratic requirements on behalf of its clients. It was proposed that DPSS allow program providers (e.g., LAMP) to be such a bridge. LAMP (or the Los Angeles Men's Place) is a drop-in center for men in Skid Row. LAMP provides a variety of services to homeless disabled men which results in a "trusting relationship" between the men and LAMP staff members.

LAMP, for example, could set up individual plans (i.e., case management) with disabled homeless men. Participation would be voluntary. The staff members become the judges of individual case needs for funding.

Despite certain advantages of the "bridge" concept in providing greater access to GR benefits, several disadvantages of the proposal were identified. One major problem is the small GR grant amount. The program would be feasible with SSI recipients in particular because their grant amount is suficent to support such a program. However, the GR grant amount is too low and was described as "only enough to keep everyone in Skid Row hotels."

Another drawback is the lack of enough appropriate agencies in the Los Angeles area to act as bridge agencies. Furthermore, the DPSS will not "trust" another agency enough to manage the program.

Finally, the legal guardian system with payees is not desirable for everyone. One informant observed that "Guys don't want some payee instructing them on the use of their money. Many would rather not have the money. They don't want their payee controlling the money." SSI recipients often have to have payees as involuntary condition of their receiving SSI.

III. EDUCATE AND TRAIN DPSS STAFF TO DEAL WITH MENTALLY DISABLED APPLICANTS

A. Eligibility Workers and Other "Front Line Staff"

In an attempt to increase the quality and quality of attention given to disabled applicants by DPSS staff, the following changes are suggested:

1. Increase the number of qualified, professional staff with mental health backgrounds (e.g., clinical social workers.)

2. Increase the number of "front line" staff.

3. Conduct specialized education and training of non-professional staff to increase their ability to work with disabled applicants.

Every worker who comes in contact with applicants should be sensitized to perform professional and courteous treatment of clients. Mentally disabled persons must have staff who want to be there or who are at least professional enough to identify the unique problems of the clients.

Staff members should receive specialized training for dealing with mentally disabled homeless applicants. Staff would be informed of the presence of professional staff and their capabilities. Staff could also be trained to spot mentally disabled persons. Also, training should include teaching such basic skills as speaking slowly, working patiently with clients, and dealing with hostile clients.

Expected results of such changes include:

1. Enhanced quantity and quality of attention to applicants.

2. Reduction in errors from classification of disabled clients as employable.

3. Increased feelings of competence among staff. Also, reduced tension and increased morale among DPSS staff.

B. DPSS Administrators and the County Board of Supervisors

Several informants suggested that an advisory committee for LA County Supervisors and DPSS administrators be established to provide input to policy makers about the unique problems of the disabled.

The presence of mentally disabled homeless persons in Los Angeles County was not considered to be a temporary condition. Education is needed to make policy makers aware of the problems. The Board of Supervisors should be made aware of the need for special programs, and DPSS Administrators need sensitization and exposure to the clientel, away from the "ivory tower and paper shuffling". Administrators were considered to be isolated from the clientele.

IV. SIMPLIFY THE GR APPLICATION PROCESS

A. Simplify Paperwork

B. Conduct Certification of Unemployability at the DPSS Office (Discussed above)

C. Simplify GR Appeal Process

D. Link-up of GR and SSI Applications

When an application for SSI is approved, the client's benefits are retroactive to the date of application for SSI. If the county has been providing a GR monies to the client, the county is reimbursed. In such cases, a GR grant was described as a "loan" off of the client's SSI grant, since the county is reimbursed for funds distributed to SSI recipients.

Several informants proposed a variety of strategies for a link-up of SSI and GR applications:

1. No Separate GR Application for SSI Applicants. Application for SSI could serve as application for GR benefits as well . When a SSI applicant is certified mentally disabled, a system could be implemented whereby the applicant would receive GR benefits pending the SSI application without applying for GR separately.

Since GR eligibility includes a means test, a one-page addendum could become part of the SSI application paperwork. The simplified economic status sheet would replace all other required data on economic status. One form could summarize the most pertinent economic data only.

Applicants must prove that they have no other income to be eligible for GR benefits. In the event that applicants were unable to provide economic information in needed detail, personnel (e.g., LAMP) could provide information on the client's economic status from their observations.

2. Previous SSI Recipients. GR applicants with a history of SSI eligibiligy should be identified and "funneled" to special workers with training and time to deal with them. The workers could work with the applicants to increase the chances of their getting through the GR process. Workers could also take clients to initiate reapplication for SSI benefits.

Benefits of a SSI-GR application link- up to the county were identified as cost-effective for the following reasons:

1. Reimbursement Potential.

2. Reduced demand on other county services such as police and county hospital for disabled persons receiving benefits through GR and eventually through SSI.

3. Transfer of financial responsibility from county to federal resources.

V. OUTREACH

A. Outreach to Disabled Homeless Persons in the Community

County personnel (e.g., as case managers) are needed to go out into the streets and help disabled persons apply and qualify for GR benefits. DPSS outreach workers could be placed in many facilities in the larger community which serve the disabled homeless and which provide a trusted environment. Suggested facilities included the Weingart Center, VOA, Skid Row Mental Health, and the Los Angeles Men's Place..

Recently, Social Security worker has come out to SRMH to "trouble shoot" for persons with problems getting on SSI. Perhaps, DPSS personnel could do similar outreach to potential GR clients.

Oftentimes, an agency must establish a relationship with the client before they can be convinced to apply for GR. One informant suggested that the County establish facilities which would provide basic survival resources until the person is able to negotiate the burocracy. A place to live and food to eat should be provided first to gain trust. Then, when the persons become "more stable and feeling better", the county can attempt to get identification, income, and other information required for formal GR application. The county should not withhold survival resources until the person is able or willing to apply for General Relief.

B. Outreach to Hospitals

Several informants suggested that the GR application be started for homeless psychiatric patients who are currently in county facilities such as LA County/USC hospital. Then, upon release, they would be covered.

According to one county hospital employee, hospital staff can help process a GR application which the client initiated before hospitalization. However, staff are not allowed to <u>initiate</u> a new application while the homeless person is in the county hospital. The policy derives from the assumption that since the hospital meets all of the person's basic needs, the county will not provide "duplicate" benefits. Therefore, a new application may not begin until the patient leaves the hosptial.

It was observed that SSI applications are often begun for persons while they are in mental institutions. One strategy addressed above suggested that the SSI and GR applications be combined for SSI-eligible homeless persons. Then, persons who have no other means of support (i.e.,indigent mentally disabled) would be covered by GR upon relesase from the institution. GR benefits would continue until SSI benefits would begin.

One county hospital employee reported that discharge planning for homeless disabled persons is difficult, but it is most difficult for persons with no income source such as GR or SSI.

C. Outreach to Jails

Jails often contain mentally ill homeless persons who have been picked up by police to be kept overnight. While in jail, detainees are often given a psychiatric evaluation to determine of they should be placed in a separate "treatment cells". The psychiatric evaluation could serve as the basis for a certification of unemployability and result in a reduced GR application. The GR application could be started in the jails.

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APPENDIX

ACCESS OF MENTALLY DISABLED HOMELESS PERSONS TO GENERAL ASSISTANCE: OPEN-ENDED INTERVIEW

INTERVIEW NO. _____ PERMISSION TO RECORD YES NO

DATE_____ PERMISSION TO NAME YES NO

I. INTRODUCTION TO RESPONDENT

II. INSTRUCTIONS; INTRODUCTION TO THE TARGET GROUP

The purpose of this study is to collect ideas about homeless people with mental disabilities; by that I mean persons who are functionally disabled. This group includes persons who are developmentally disabled, persons who have psychiatric or emotional disabilities, or persons damaged by long-term drug or alcohol use. Specifically, I want to focus on persons whose disability looks more "long-term". This group does not include persons who are illiterate or who are physically disabled only.

Keep this group in mind when we talk about mentally disabled persons. When I use the term "disabled" during the interview, this is the group I am referring to.

I would like you to draw on your own observations or on experiences told to you by homeless persons.

The purpose of my work is exploratory, to generate ideas. There are no right or wrong answers.I.

III. BACKGROUND ON THE KEY INFORMANT (KI)

1. Education, professional experience.

2. Current position/affiliation; current job description.

3. Description of facility and daily exposure to homeless persons/ homeless persons with mental disabilities.

4. Previous experience with homeless persons with mental disabilities; years of experience; type of work.

5. Other experience with mentally disabled persons.

IV. MENTALLY DISABLED HOMELESS PERSONS

6. What can you tell me about disabled men and women that interferes with their receiving General Relief (GR)?

7. Do you know disabled persons who have gotten on GR? Tell me about the one who was most successful. How did they do it?

8. Were they able to stay on GR? What happened to them?

9. How typical was their experience compared to other disabled people you see?

10. What is there about the way the welfare system works that keeps mentally disabled persons from receiving GR? (PROMPTS: Why is that a barrier? Which part of the proceedures?)

11. What is there about the staff at the DPSS Office (Department of Public Social Services) that keeps mentally disabled persons from receiving GR? (PROMPT: What are some examples?)

12. Are there other kinds of barriers you have observed or heard about?

13. These problems/barriers we've talked about: do you think they are the same for men and women?

14. ... do you think they are the same for younger and older persons?

15. ... for Hispanics and non-Hispanics?

16. If there were <u>one</u> thing that you could change that would allow more disabled persons to get assistance, what would it be?

17. What is another thing you would change?

18. Is there anything else you want to say?